IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.:	117316

Date: September 25, 2003

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)**

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith f	or filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application	o =
For (Title):	COLOR FACSIMILE DEVICE WITH DATA RECOMPRESSING CAPABILITY	
By (Inventors):	Yoshiyuki KONDO	97.
Use Figure A Declaration a This application (A Preliminary This patent appl The execut An Information Entitlement to s A Preliminary A Priority of forei A certified This application the invention d country, or unde	ss (Figs. 1-7; 7 sheets) are attached. for front page of Publication. Ind Power of Attorney is filed herewith. In claims benefit of Provisional Application No filed Amendment is attached to reflect this claim in the Specification if not already present.) Ilication is assigned to Brother Kogyo Kabushiki Kaisha. Bed Assignment is filed herewith. Disclosure Statement is filed herewith. In mall entity status is hereby asserted. Amendment is filed herewith. In application(s) No. 2002-280960 filed September 26, 2002 in Japan is claimed (35 U.S.C. § 10 copy of the above corresponding foreign application(s) is filed herewith. In is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby of isclosed in this application has not been and will not be the subject of an application filed er a multilateral international agreement, that requires publication at eighteen months after filing a calculated below:	certifies that

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	
BASIC FEE	<u> </u>		
TOTAL CLAIMS	16 - 20	= 0	
INDEP CLAIMS	3 - 3	= 0	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			

^{*} If the difference is less than zero, enter "0".

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SMALL ENTITY		
RATE	FEE	
	\$ 375	
x 9=	\$	
x 42 =	\$	
+ 140 =	\$	
TOTAL	\$	
iling fee is attached. Excep		

OTHER THAN A **SMALL ENTITY**

<u>OR</u>	RATE	FEE
<u>OR</u>		\$ 750
<u>OR</u>	x 18	\$
<u>OR</u>	x 84	\$
<u>OR</u>	+ 280	\$
<u>OR</u>	TOTAL	\$ 750
		1 .

Check No. 146679 in the amount of \$750.00 to cover the f ot as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

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